

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KW	68904	9/16/00
O.I.P.E. CLASSIFIER		19	92400
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	NB	70303	11-

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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